PRINTED: 09/13/2013
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0041	A. BUILDING: _____ B. WING _____	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3001	Ch 11 Sec 11 (a)(i) Dietetic Services The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration. (a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor. (i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary's managers' educational program approved by the Certifying Board of Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable. This State Rules and Regulations is not met as evidenced by: Based on staff interview and review of enrollment information, the facility failed to ensure the dietary manager was qualified. The findings were: Interview with the dietary manager on 8/26/13 at 4 PM verified she was enrolled in a certification program; however she had not completed the course. Review of the enrollment information showed the manager was enrolled in the Dietary managers course through the University of North	S3001	The Dietary manager is currently enrolled in a certification program with the expectation date of December 2013. South Lincoln Medical would like an extension of no later than January 1, 2014 for the completion of the certification course. In addition to the state required course for certified Dietary manager that will be completed no later than 1/1/14 there is an Association Nutrition Food preperation Professional (ANFPP) which is a National requirement that requires a test that has its earliest available test of March 2014. South Lincoln Medical Center will ensure that our Dietary manager will be ready and pass the test to become a certified Dietary Manager no later than January 1, 2014 and in addition will ensure Dietary Manager will pass the east for ANFPP no later than 3/31/14. Progress will be reported in a monthly QA/QI meeting until objective is met. Plant operations superintedant will monitor to ensure future compliance. South Lincoln Medical Center requests an extension to accomplish these things with regular monitoring in place until March 31, 2014.	1/1/14 3/31/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO | 10/2/13

STATE FORM 6899 1X0011 If continuation sheet 1 of 2

POC accepted. Cindy to Eric Berg, CEO on 10/10/13 @ 4:13pm.
Janice Cody, OTR/L

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S3001	Continued From page 1 Dakota with an expected graduation date of 6/7/13. Interview with the dietary manager on 8/26/13 at 4:05 PM verified a six month extension was purchased extending the graduation date to December 2013.	S3001		